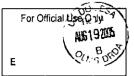
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|) . with | |
|---|--|
| 1. File Number U - // 1/88 | 2. Fiscal Year Covered From: |
| | 1 / 1 / 2034 Through: 12 / 31 / 2004 |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. |
| Name Corey O Stephens | Name Air Line Pilats Association, Intl. |
| | Labor Organization File Number 000-179 |
| P.O. Box, Bldg., Room No., if any P.O. Box 20168 | P.O. Box, Building and Room Number, if any |
| Street | Street 535 Herndon Farkway |
| City Washington | City Herndon |
| State District of Columbia ZIP Code + 4 20041 | State Virginia ZIP Code + 4 20170-5226 |
| 5. Position in labor organization. Staff Engineer | |
| A. Held an interest in, engaged in transactions (including loans) will monetary value from an employer whose employees your organ | nization represents or is actively seeking to represent. |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. |
| Name | |
| Trade Name, if any: | · · · · · · · · · · · · · · · · · · · |
| P.O. Box, Bldg., Room No., if any | 7.b. Amount. |
| Street | |
| City | |
| State ZIP Code + 4 | • |
| Signature | |
| | alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the the section on penalties in the instructions.) |
| Signed | On 3/9/2005 (703) 689-4333 |
| · / | Date Telephone Number |

| Name of Person Filing Corey Stephens | File Number U- | |
|--|---|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | |
| Name and address of Business (including trade name, if any). | 9. Business deals with: | |
| Name | a Labor Occasionation | |
| Trade Name, if any: | a. Labor Organization | |
| P.O. Box, Bldg., Room No., if any | c. Employer | |
| Street | | |
| City | | |
| State ZIP Code + 4 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name | | |
| Trade Name, if any: | ļ | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | 11.b. Approximate dollar value of such dealing. | |
| City | 12.a. Nature of interest held or income received. | |
| State ZIP Code + 4 | | |
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| | 40 h Amanua | |
| | 12.b. Amount. | |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | |
| 13.a. Name and address of Employer or Labor Relations Consultant | 14.a. Nature of payment. | |
| (including trade name, if any). | AIA provided lunch at an industry meeting on November 5th, 2014. | |
| Name Aerospace Industries Association | 1 | |
| Trade Name, if any: AIA | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street 1000 Wilson Boulevard, Suite 1700 | | |
| City Arlington | | |
| State Virginia ZIP Code + 4 | | |
| 13.b. Is the Business an Employer X or Consultant ? | 14.b. Amount of payment. \$10 | |